

		FOR OHF USE					

LL1

2001
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2001)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0039289

Facility Name: PINE ACRES CARE CENTER

Address: 1212 S. SECOND STR. DE KALB 60115
Number City Zip Code

County: DE KALB

Telephone Number: 815-758-8151 Fax # 815-758-6832

IDPA ID Number: 36-2166970-005

Date of Initial License for Current Owners: 03/01/94

Type of Ownership:

☒ VOLUNTARY, NON-PROFIT
☒ Charitable Corp.
☐ Trust

IRS Exemption Code 501c3

☐ PROPRIETARY ☐ GOVERNMENTAL
☐ Individual ☐ State
☐ Partnership ☐ County
☐ Corporation ☐ Other
☐ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other

In the event there are further questions about this report, please contact:
Name: DONALD PRIMDAHL Telephone Number: 630-521-8034

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/2000 to 06/30/2001 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date) _____
(Type or Print Name) THOMAS L. NOESEN, JR.
(Title) TREASURER

Paid Preparer

(Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) _____
(Telephone) () Fax # ()

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number PINE ACRES CARE CENTER

0039289 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>119</u>	Skilled (SNF)	<u>119</u>	<u>43,435</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>119</u>	TOTALS	<u>119</u>	<u>43,435</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>9,952</u>	<u>6,864</u>	<u>1,669</u>	<u>18,485</u>	8
9	SNF/PED					9
10	ICF	<u>5,235</u>	<u>7,839</u>		<u>13,074</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>15,187</u>	<u>14,703</u>	<u>1,669</u>	<u>31,559</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 72.66%

D. How many bed-hold days during this year were paid by Public Aid?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)

STAFF FOOD SERVICES

F. Does the facility maintain a daily midnight census?

YES

G. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?

YES

☒

NO

☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES

☒

NO

☐

I. On what date did you start providing long term care at this location?

Date started 03/01/1994

J. Was the facility purchased or leased after January 1, 1978?

YES

☒

Date 03/01/1994

NO

☐

K. Was the facility certified for Medicare during the reporting year?

YES

☒

NO

☐

If YES, enter number

of beds certified

8

and days of care provided

1,669

Medicare Intermediary ADMINASTAR FEDERAL INC.

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH*

☐

CASH*

☐

Is your fiscal year identical to your tax year?

YES

☒

NO

☐

Tax Year: 06/30/2001 Fiscal Year: 06/30/2001

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Page 3

Facility Name & ID Number PINE ACRES CARE CENTER # 0039289 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	234,728	6,154	13,486	254,368	1,194	255,562		255,562			1
2	Food Purchase		200,083		200,083	(362)	199,721	(4,182)	195,539			2
3	Housekeeping	108,728	37,397		146,125		146,125		146,125			3
4	Laundry		1,253	85,504	86,757		86,757		86,757			4
5	Heat and Other Utilities			106,726	106,726		106,726		106,726			5
6	Maintenance	62,725	19,886	44,732	127,343	256	127,599		127,599			6
7	Other (specify):*											7
8	TOTAL General Services	406,181	264,773	250,448	921,402	1,088	922,490	(4,182)	918,308			8
	B. Health Care and Programs											
9	Medical Director			5,775	5,775		5,775		5,775			9
10	Nursing and Medical Records	1,362,442	207,928	73,262	1,643,632	(150,733)	1,492,899		1,492,899			10
10a	Therapy	106,103	1,016	96,462	203,581		203,581		203,581			10a
11	Activities	60,225	5,455	13,829	79,509	17,483	96,992		96,992			11
12	Social Services	12,485		2,005	14,490		14,490		14,490			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,541,255	214,399	191,333	1,946,987	(133,250)	1,813,737		1,813,737			16
	C. General Administration											
17	Administrative	71,088			71,088	(52,302)	18,786	96,182	114,968			17
18	Directors Fees											18
19	Professional Services			157,740	157,740	7,824	165,564	(17,734)	147,830			19
20	Dues, Fees, Subscriptions & Promotions			24,001	24,001	115	24,116	(10,307)	13,809			20
21	Clerical & General Office Expenses	117,186	17,824	31,455	166,465	2,402	168,867	7,699	176,566			21
22	Employee Benefits & Payroll Taxes			466,817	466,817	12,091	478,908	24,034	502,942			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,853	4,853	2,256	7,109	1,770	8,879			24
25	Other Admin. Staff Transportation			1,962	1,962	3,680	5,642	1,792	7,434			25
26	Insurance-Prop.Liab.Malpractice			99,860	99,860		99,860		99,860			26
27	Other (specify):*											27
28	TOTAL General Administration	188,274	17,824	786,688	992,786	(23,934)	968,852	103,436	1,072,288			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,135,710	496,996	1,228,469	3,861,175	(156,096)	3,705,079	99,254	3,804,333			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			196,658	196,658		196,658	(27,112)	169,546			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			171,997	171,997		171,997	(4,798)	167,199			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds					3,203	3,203		3,203			34
35	Rent-Equipment & Vehicles			3,333	3,333	(3,333)						35
36	Other (specify):*											36
37	TOTAL Ownership			371,988	371,988	(130)	371,858	(31,910)	339,948			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					151,142	151,142		151,142			39
40	Barber and Beauty Shops	20,708	1,069		21,777	4,133	25,910	(103)	25,807			40
41	Coffee and Gift Shops					951	951		951			41
42	Provider Participation Fee			65,153	65,153		65,153		65,153			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	20,708	1,069	65,153	86,930	156,226	243,156	(103)	243,053			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	2,156,418	498,065	1,665,610	4,320,093		4,320,093	67,241	4,387,334			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(4,182)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(27,112)	30		9
10	Interest and Other Investment Income	(4,798)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(103)	40		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(11,109)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (47,304)		\$	30

OHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(33,420)	VARIOUS	34
35	Other- Attach Schedule VIII B	147,965	VARIOUS	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 114,545		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ 67,241		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
(See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops	X		951	2	40
41	Barber and Beauty Shops	X		4,133	22	41
42	Laboratory and Radiology		X			42
43	Prescription Drugs	X		151,142	10	43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 156,226		47

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	INDIRECT COSTS FROM SCHEDULE VIII-8	\$ 96,182	17	1
2	INDIRECT COSTS FROM SCHEDULE VIII-8	15,686	19	2
3	INDIRECT COSTS FROM SCHEDULE VIII-8	802	20	3
4	INDIRECT COSTS FROM SCHEDULE VIII-8	7,699	21	4
5	INDIRECT COSTS FROM SCHEDULE VIII-8	24,034	22	5
6	INDIRECT COSTS FROM SCHEDULE VIII-8	1,770	24	6
7	INDIRECT COSTS FROM SCHEDULE VIII-8	1,792	25	7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	147,965		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number PINE ACRES CARE CENTER

0039289

Report Period Beginning:

07/01/2000

Ending:

06/30/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(4,182)	0	0	0	0	0	0	0	0	0	0	(4,182)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(4,182)	0	0	0	0	0	0	0	0	0	0	(4,182)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	96,182	0	0	0	0	0	0	0	0	0	0	96,182	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	15,686	(33,420)	0	0	0	0	0	0	0	0	0	(17,734)	19
20	Fees, Subscriptions & Promotions	(10,307)	0	0	0	0	0	0	0	0	0	0	(10,307)	20
21	Clerical & General Office Expenses	7,699	0	0	0	0	0	0	0	0	0	0	7,699	21
22	Employee Benefits & Payroll Taxes	24,034	0	0	0	0	0	0	0	0	0	0	24,034	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	1,770	0	0	0	0	0	0	0	0	0	0	1,770	24
25	Other Admin. Staff Transportation	1,792	0	0	0	0	0	0	0	0	0	0	1,792	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	136,856	(33,420)	0	0	0	0	0	0	0	0	0	103,436	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	132,674	(33,420)	0	0	0	0	0	0	0	0	0	99,254	29

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
BENSENVILLE HOME SOCIETY	100	PEOTONE SENIOR LIVING CENTER	PEOTONE	LIFELINK AREA		INDEPENDENT
LIFELINK CORP. (BHS PARENT)	100	ANCHORAGE OF BEECHER	BEECHER	HOUSING	VARIOUS	LIVING
		ANCHORAGE OF BENSENVILLE	BENSENVILLE	BRIDGEWAY OF		INDEPENDENT
				BENSENVILLE	BENSENVILLE	LIVING
				LIFELINK CHARITI	BENSENVILLE	FUND RAISING
				LIFELINK SERVICE	BENSENVILLE	PROJ. DEVEL.
				SEE ATTACHED		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	19	MANAGEMENT FEES	\$ 104,030	LIFELINK CORP. (V.P. OF HEALTH CARE)	100.00%	\$ 72,227	\$ (31,803)	1
2	V	19	MANAGEMENT FEES	13,193	LIFELINK CORP. (PASTORAL CARE)	100.00%	12,069	(1,124)	2
3	V	19	MANAGEMENT FEES	22,869	BHS (VOLUNTEER COORDINATOR)	100.00%	21,673	(1,196)	3
4	V	19	MANAGEMENT FEES		BHS (INTERGENERATIONAL COORDINATOR)	100.00%	703	703	4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 140,092			\$ 106,672	\$ * (33,420)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number PINE ACRES CARE CENTER # 0039289 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	CARL ZIMMERMAN	PRESIDENT	ADMIN.	NONE	33,527	2.85	7.13	SALARY	\$ 7,843	17-7	1
2	ROBERT LOGSTON	EXEC. VP ADMIN.	ADMIN.	NONE	33,527	2.85	7.13	SALARY	7,843	17-7	2
3	JOAN DI LEONARDI	EXEC. VP OPER.	ADMIN.	NONE	33,527	2.85	7.13	SALARY	7,843	17-7	3
4	JAMES FORMAL	VP HEALTH CARE	ADMIN-HEALTH	NONE	66,330	13	32.50	SALARY	35,750	19-3	4
5	THOMAS NOESEN	VP FIN/TREASURE	ACCT/FINANCE	NONE	33,527	2.85	7.13	SALARY	7,843	17-7	5
6	ALLEN S. GABRYS	CONTROLLER	ACCT/FINANCE	NONE	21,768	2.85	7.13	SALARY	5,092	17-7	6
7	KATHY LYNN CICERO	VP CORP. SERV.	ADMIN.	NONE	7,979	2.85	7.13	SALARY	1,867	17-7	7
8	KENYETTA HAYWOOD	VP SUPP. SERV.	SUPP. SERV.	NONE	33,527	2.85	7.13	SALARY	7,843	17-7	8
9	PAMELA JONES	DIR. - VOL.. SERV.	RECRUIT/PLACN	NONE	22,283	7.6	19.00	SALARY	7,300	11-7	9
10	DONALD PRIMDAHL	DIR. - BUDGETING	BDGT/GOVT. RE	NONE	22,737	2.85	7.13	SALARY	5,319	17-7	10
11	JANET HISBON	DIR. - PAST. CARE	SPRITUAL SERV	NONE	24,490	4	10.00	SALARY	4,151	11-7	11
12	KATHLEEN SCHUPBACH	DIR. - HUMAN RES	PERSONNEL	NONE	15,387	2.85	7.13	SALARY	3,600	17-7	12
13								TOTAL	\$ 102,294		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
**FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME
 ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION**

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	MELODY LEIMNETZER	DIR. - TRAINING	TRAINING	NONE	17,039	2.85	7.13	SALARY	\$ 3,986	17-7	1
2	ROBIN MCBROOM	INTERGEN. COORD.	ACTIVITIES	NONE	4,538	0.8	2.00	SALARY	825	11-7	2
3											3
4								TOTAL PAGE 7	102,294		4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 107,105		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees)
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number PINE ACRES CARE CENTER # 0039289 Report Period Beginning: 07/01/2000 Ending: 6/30/2001

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization LIFELINK CORPORATION
Street Address 331 S. YORK ROAD
City / State / Zip Code BENSENVILLE, IL. 60106
Phone Number (630) 766-3570
Fax Number (630) 860-5130

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATION	DIRECT PROG. COST	62,274,501	12	\$ 1,348,947	\$ 1,348,947	4,440,267	\$ 96,182	1
2	19	PROFESSIONAL SERVICES	DIRECT PROG. COST	62,274,501	12	220,002		4,440,267	15,686	2
3	20	FEES, SUBSCRIPTIONS, PROM	DIRECT PROG. COST	62,274,501	12	11,244		4,440,267	802	3
4	21	GEN. OFFICE EXPENSE	DIRECT PROG. COST	62,274,501	12	107,973		4,440,267	7,699	4
5	22	EMP. TAXES & BENEFITS	DIRECT PROG. COST	62,274,501	12	337,074		4,440,267	24,034	5
6	24	TRAVEL & SEMINARS	DIRECT PROG. COST	62,274,501	12	24,818		4,440,267	1,770	6
7	25	OTHER STAFF TRANS.	DIRECT PROG. COST	62,274,501	12	25,139		4,440,267	1,792	7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 2,075,197	\$ 1,348,947		\$ 147,965	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1			X	REFINANCE MORTGAGE	*	*	\$ *	\$ *	*	*	\$ 171,997	1	
2				& CAPITAL PROJECTS								2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related						\$				\$ 171,997	9	
	B. Non-Facility Related*												
10												10	
11				* SEE ATTACHED								11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$				\$ 0	14	
15	TOTALS (line 9+line14)						\$ *	\$ *			\$ 171,997	15	

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.				
1. Real Estate Tax accrual used on 2000 report.				\$	'0	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	'0	2
3. Under or (over) accrual (line 2 minus line 1).				\$	'0	3
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	'0	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$	'0	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$	'0	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	'0	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:		1996	0	8		
		1997	0	9		
		1998	0	10		
		1999	0	11		
		2000	0	12		
				FOR OHF USE ONLY		
				13	FROM R. E. TAX STATEMENT FOR 2000 \$	13
				14	PLUS APPEAL COST FROM LINE 5 \$	14
				15	LESS REFUND FROM LINE 6 \$	15
				16	AMOUNT TO USE FOR RATE CALCULATION \$	16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

PINE ACRES CARE CENTER

COUNTY

DE KALB

FACILITY IDPH LICENSE NUMBER

0039289

CONTACT PERSON REGARDING THIS REPORT

DONALD PRIMDAHL

TELEPHONE

630-521-8034

FAX #:

630-860-5130

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 2000

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1.			\$	\$
2.	N/A		\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
		TOTALS	\$	\$

B. **Real Estate Tax Cost Allocation:**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services' YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill whic is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

- A. Square Feet:

37,295

B. General Construction Type:

Exterior

BRICK

Frame

Number of Stories

1
- C. Does the Operating Entity?

☒

(a) Own the Facility

☐

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)
- D. Does the Operating Entity?

☒

(a) Own the Equipment

☐

(b) Rent equipment from a Related Organization.

☐

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)
- E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

- F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:
3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

1		2		3		4	
Use		Square Feet		Year Acquired		Cost	
1	LONG TERM CARE	126,760		1994		\$ 300,000	
2							
3	TOTALS	126,760				\$ 300,000	

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	119		1994	1968	\$ 2,500,000	\$ 100,000	35	\$ 71,429	\$ (28,571)	\$ 523,812	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	1985 ADMIN. BLDG, RENOVATION			1985	123,737	3,093	40	3,093		83,048	9
10	1986 ADMIN. BLDG, RENOVATION			1986	9,535	238	40	238		5,959	10
11	HOT WATER HEATER			1994	3,432	343	10	343		2,431	11
12	WATER CONDITIONER			1994	6,813	681	10	681		4,710	12
13	(5) AIR TERMINAL UNITS			1994	9,375	937	10	937		6,252	13
14	TILE FLOORING FOR ROOMS			1995	9,074	907	8	1,134	227	6,993	14
15	(2) BOILER AIR DAMPERS			1995	28,538	2,854	20	1,427	(1,427)	9,275	15
16	REMODEL COMMON AREA			1995	12,822	1,282	8	1,603	321	10,152	16
17	RUBBER ROOF - KITCHEN			1995	19,134	1,913	10	1,913		11,956	17
18	1.25 HP DISPOSAL			1995	1,093	146	10	109	(37)	727	18
19	MASONRY REPAIR TO EXTERIOR WALLS			1996	5,600	187	30	187		966	19
20	(7) WALL UNITS			1996	8,500	850	10	850		4,533	20
21	RESURFACE PARKING LOT			1996	8,891	889	10	889		4,001	21
22	ROOF REPAIRS			1996	9,620	321	30	321		1,524	22
23	REMODLE ROOMS 121 AND 123			1997	9,985	333	30	333		1,498	23
24	REMODLE FRONT FOYER AND RECEPTION AREA			1997	13,985	466	30	466		2,097	24
25	REMODLE ROOMS 25,26 AND 35			1997	18,530	618	30	618		2,781	25
26	REMODLE BATH AREAS			1997	12,822	1,282	10	1,282		5,769	26
27	REMODLE STAFF LOUNGE			1997	18,635	621	30	621		2,174	27
28	INSTALL GARBAGE ARE ENCLOSURE			1997	4,873	487	10	487		1,908	28
29	INSTALL DOMESTIC WATER			1998	7,800	260	30	260		910	29
30	REPLACE (23) VANITIES W/SINKS			1998	18,500	1,850	10	1,850		6,163	30
31	ROOF ADDITION			1999	88,173	2,939	30	2,939		6,123	31
32	NEW CARPETING			1999	18,018	1,802	10	1,802		3,904	32
33	(9) HEATING / AC WALL UNITS			1999	13,692	1,369	10	1,369		2,852	33
34	NEW CARPETING			1999	2,217	222	10	222		407	34
35	RENOVATE HALLWAY			1999	3,214	321	10	321		642	35
36	HEAT TAPE GUTTERS			1999	1,650	165	10	165		261	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	(40) HEAT VALVES FOR BOILER	2000	\$ 4,800	\$ 480	10	\$ 480	\$	\$ 680	37
38	(5) HEAT VALVES FOR BOILER	2000	1,660	166	10	166		194	38
39	ROOF REPAIRS	2000	5,510	207	20	207		207	39
40	STORAGE SHED	2001	10,193	255	10	255		255	40
41	3 TON ROOF TOP SYSTEM	2001	17,237	287	10	287		287	41
42	SECURITY DOOR ALARM	2001	8,295	71	10	71		71	42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,035,953	\$ 128,842		\$ 99,355	\$ (29,487)	\$ 715,522	70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$649,349	\$63,577	\$65,952	\$2,375	5-10	\$495,062	71
72	Current Year Purchases	79,573	4,239	4,239		5-10	4,239	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$728,922	\$67,816	\$70,191	\$2,375		\$499,301	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$			\$	76
77	N/A									77
78										78
79										79
80	TOTALS			\$	\$	\$			\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$4,064,875	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$196,658	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$169,546	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(27,112)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$1,214,823	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87	N/A				87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N / A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES
- ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy:
- ☐ YES
- ☐ NO
- Terms: *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☒ NO

16. Rental Amount for movable equipment: \$ 3,333
- Description: SEE ATTACHED
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending

Annual Rent

12. /2002 \$
13. /2003 \$
14. /2004 \$

* If there is an option to buy the building,
please provide complete details on attached
schedule.

** This amount plus any amortization of lease
expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

WE ONLY HIRE CERTIFIED NURSING ASSISTANTS

B. EXPENSES

		ALLOCATION OF COSTS		(d)	
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

12345678										
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$ 51,682	\$ 94		\$ 51,776	1
2	Licensed Speech and Language Development Therapist		hrs			7,908			7,908	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			35,893	555		36,448	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			\$		\$ 95,483	\$ 648		\$ 96,131	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$147,191	\$300,057	1
2	Cash-Patient Deposits		701,493	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance509,077)	202,275	2,456,599	3
4	Supply Inventory (priced atCOST)	15,462	74,132	4
5	Short-Term Investments		100,774	5
6	Prepaid Insurance			6
7	Other Prepaid Expenses		229,730	7
8	Accounts Receivable (owners or related parties)	94,600	3,031,236	8
9	Other(specify): GRANTS/CONTRIB. REC.		832,219	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$459,528	\$7,726,240	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		921,501	13
14	Buildings, at Historical Cost		20,838,240	14
15	Leasehold Improvements, at Historical Cost		588,646	15
16	Equipment, at Historical Cost		6,386,595	16
17	Accumulated Depreciation (book methods)		(14,405,136)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): SEE ATTACHED		6,291,533	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$20,621,379	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$459,528	\$28,347,619	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$46,798	\$1,037,803	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	10,457	199,295	28
29	Short-Term Notes Payable		950,000	29
30	Accrued Salaries Payable	88,470	1,442,712	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	944	12,608	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	DUE TO AFFILIATED CORP.S		12,550,524	36
37	BONDS PAYABLE/DEFERRED REV.		791,266	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$146,669	\$16,984,208	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable		15,671,388	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	DEFERRED REVENUE/OTHER		912,484	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$16,583,872	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$146,669	\$33,568,080	46
47	TOTAL EQUITY(page 18, line 24)	\$312,859	\$(5,220,461)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$459,528	\$28,347,619	48

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 608,674	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 608,674	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(527,461)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) NONE ALLOWED COSTS EXCLUDED	(112,977)	15
16	Other (describe) NET EXP, BOOKED ON CORP. BOOKS	344,623	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (295,815)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 312,859	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 4,260,127	1
2	Discounts and Allowances for all Levels	(724,699)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,535,428	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	395,135	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 395,135	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	951	12
13	Barber and Beauty Care	103	13
14	Non-Patient Meals	4,182	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 5,236	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	4,798	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,798	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 3,940,597	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	921,402	31
32	Health Care	1,946,987	32
33	General Administration	992,786	33
	B. Capital Expense		
34	Ownership	371,988	34
	C. Ancillary Expense		
35	Special Cost Centers	21,777	35
36	Provider Participation Fee	65,153	36
	D. Other Expenses (specify):		
37	ALLOCATION OF INDIRECT COST - SCHED. VIII B	147,965	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 4,468,058	40
41	Income before Income Taxes (line 30 minus line 40)**	(527,461)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (527,461)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

**** Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,155	2,301	\$ 66,239	\$ 28.79	1
2	Assistant Director of Nursing	2,154	2,300	56,065	24.38	2
3	Registered Nurses	18,119	19,492	294,795	15.12	3
4	Licensed Practical Nurses	19,617	21,174	327,949	15.49	4
5	Nurse Aides & Orderlies	47,636	52,179	672,242	12.88	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,478	1,645	19,118	11.62	8
9	Activity Director	1,833	2,080	24,925	11.98	9
10	Activity Assistants	4,018	4,528	35,300	7.80	10
11	Social Service Workers	1,495	1,625	12,485	7.68	11
12	Dietician					12
13	Food Service Supervisor	2,064	2,072	29,546	14.26	13
14	Head Cook					14
15	Cook Helpers/Assistants	23,073	25,268	205,182	8.12	15
16	Dishwashers					16
17	Maintenance Workers	3,806	4,262	62,725	14.72	17
18	Housekeepers	11,911	13,356	108,728	8.14	18
19	Laundry					19
20	Administrator	1,936	2,080	71,088	34.18	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,612	10,675	117,186	10.98	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,982	2,270	32,137	14.16	31
32	Other Health Care(specify)					32
33	Other(specify) BEAUTICIAN	1,745	2,080	20,708	9.96	33
34	TOTAL (lines 1 - 33)	154,634	169,387	\$ 2,156,418 *	\$ 12.73	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	320	\$ 7,556	1-3	35
36	Medical Director	N/A	5,775	9-3	36
37	Medical Records Consultant	16	971	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	23	1,225	10a-3	40
41	Occupational Therapy Consultant	32	1,575	10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	40	2,112	11-3	44
45	Social Service Consultant	21	1,076	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	452	\$ 20,290		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	288	\$ 11,487	10-3	50
51	Licensed Practical Nurses	615	20,959	10-3	51
52	Nurse Aides	1,859	42,306	10-3	52
53	TOTAL (lines 50 - 52)	2,762	\$ 74,752		53

Facility Name & ID Number PINE ACRES CARE CENTER

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount	
DALENA KEMNA-KAHN	ADMINISTRATOR	0	\$ 71,088	Workers' Compensation Insurance		\$ 54,540	IDPH License Fee	\$	
				Unemployment Compensation Insurance		10,760	Advertising: Employee Recruitment	2,889	
				FICA Taxes		160,801	Health Care Worker Background Check (Indicate # of checks performed <u>74</u>)	518	
				Employee Health Insurance		192,804	SUBSCRIPTIONS/REF. PUBL.	2,474	
				Employee Meals			ASSOCIATION DUES	7,011	
				Illinois Municipal Retirement Fund (IMRF)*			PROGRAM PROMOTION	8,298	
				LIFE INS / DISABILITY		11,766	PUBLIC RELATIONS	2,811	
				PENSION (TSA)		23,013	ALLOCATION SCHED. VII-B	115	
				STAFF MEDICAL EXAMS		9,875	ALLOCATION SCHED. VIII-B	802	
				EMPLOYEE RELATIONS/UNIFORMS/ETC.		3,258	Less: Public Relations Expense	(2,811)	
				RECLASS BEAUTY SHOP		(4,133)	Non-allowable advertising	(8,298)	
				ALLOCATION SCHED. VII-B		16,224	Yellow page advertising	(0)	
				ALLOCATION SCHED. VIII-B		24,034			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						\$ 71,088	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 13,809
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
N / A			\$	NONE			Out-of-State Travel	\$ 1,054	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)									
C. Professional Services									
Vendor/Payee	Type		Amount						
LIFELINK CORP.	MGMT. FEE		\$ 140,092				Seminar Expense	3,799	
LIFELINK CORP.	DATA PROC.		13,313				ALLOCATION SCHED. VII-B	2,256	
REINGRUBER & CO.	MEDICARE CONSULTANT		4,335				ALLOCATION SCHED. VIII-B	1,770	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)						\$	TOTAL (agree to Sch. V, line 24, col. 8)		\$ 8,879

*** Attach copy of IMRF notifications**

****See instructions.**

Facility Name & ID Number PINE ACRES CARE CENTER

0039289

Report Period Beginning: 07/01/2000

Ending: 06/30/2001

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount. LSN/AAHSA 4,068
- (3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 5-10 YRS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 285 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 65,153
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? NO Indicate the amount. \$ 0
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? NONE
d. Have vehicle usage logs been maintained? YES
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm?
Firm Name: KPMG The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? NO If no, please explain. AUDIT HAS NOT BEEN ISSUED
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.

XII B. # 16 EQUIPMENT RENTAL (PAGE14)

1. AIRGAS, INC.

HAZMAT	\$9.27	
HELIUM	<u>\$146.07</u>	\$155.34

2. ARCH COMMUNICATIONS/WIRELESS

ADMINISTRATION	\$94.16	
FOOD SERVICE	\$47.08	
MAINTENANCE	\$47.08	
NURSING	<u>\$254.08</u>	\$442.40

3. C.R.S. BOBCAT

BOBCAT	\$125.00	
PAVER RAKE	\$63.75	
ROTOTILLER	\$8.50	
WALLPAPER STEAMER	<u>\$12.00</u>	\$209.25

4. DAVE'S SHARP-ALL SHOP

KNIVES		\$365.90
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5. PITNEY BOWES

MAILING MACHINE		\$488.00
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6. SISLER'S ICE & DAIRY

ICE MACHINE		\$780.00
-------------	--	----------

7. TOOL TIME RENTAL

CHAIRS, TABLE, COTTON		
CANDY AND POPCORN MACHINE		\$892.25

\$3,333.14

NAME	JOB TITLE	DATE	LOCATION	SEM. TITLE	SPONSOR	COST
REBECCA RUBECK	DIR. FOOD SERV.	9/1/2001	DEKALB, IL	DIETITION EDUCATION	UNIVERSITY NORTH DAKOTA	\$574.00
THERESA AUBELE TIFFANIE PALMER BRENDA ROUSTON CHARLOTTE JOHNSON REBECCA RUBECK	SOCIAL SERV. ASST REHAB SUPER. DEMENTIA UNIT CO. DIR. SOCIAL SERV. DIR. FOOD SERV.	1/17/2001- 1/18/2001	MALTA, IL	MEDICARE REGULATIONS & RULES	RIENGRUBER & ASSOCIATES	\$252.78
CHARLOTTE JOHNSON	DIR. SOCIAL SERV.	9/8/2000 - 11/17/2000	URBANA, IL	MULTIDISCIPLINARY CERTIFICATION PROGRAM	UNIVERSITY OF ILLINOIS	\$395.00
REBECCA RUBECK	DIR. FOOD SERV.	9/18/2000	MALTA, IL	SANITATION COURSE	KISHAWUKEE COMMUNITY COLLEGE	\$272.05
DEBRA MOORE	DIR. OF NURSING	10/2/2000 - 10/4/2000	SPRINGFIELD, IL	FALL INSTITUTE	LSN	\$397.00
TIFFANIE PALMER CANDACE LOGELAND	REHAB SUPER. ASSIT. D.O.N.	2/8/2001	CHICAGO, IL	RESTRAINT REDUCTION	HERITAGE PROFESSIONAL EDUCATION	\$339.93
JERALINE ELLIOT	C.N.A.	3/16/01 - 3/29/2001	ROCKFORD, IL	OCCUPATIONAL REHAB	ROCK VALLEY COLLEGE	\$470.00
ALL OTHER SEMINARS LESS THAN \$250.00:						\$1,098.47
ALLOCATED COSTS - SCHEDULE VII B:						\$2,256.00
ALLOCATED COSTS - SCHEDULE VIII B:						\$1,770.00
SUB-TOTAL						<u>\$7,825.23</u>
OUT OF STATE SEMINARS/CONFERENCES						\$1,054.00
TOTAL						<u>\$8,879.23</u>

FACILITY ID#: 0039289

FACILITY NAME: PINE ACRES CARE CENTER
A FACILITY OF THE BENSENVILLE HOME SOCIETY

REPORT PERIOD 07/01/00 - 06/30/01

SCHEDULE V

RECLASSIFICATIONS AND ADJUSTMENTS:

1. LINE 1 DIETARY	1,194	
LINE 6 MAINTENANCE	256	
LINE 10 NURSING & RECORD KEEPING	409	
LINE 11 ACTIVITIES	892	
LINE 21 CLERICAL & GENERAL OFFICE	582	
LINE 35 RENT - EQUIPMENT		3,333

TO RECLASSIFY RENTAL EQUIPMENT TO PROPER
ACCOUNTS PER SCHEDULE XII B #16.

2. LINE 2 FOOD PURCHASES	589	
LINE 11 ACTIVITIES	16,591	
LINE 17 ADMINISTRATIVE		52,302
LINE 19 PROFESSIONAL SERVICES	7,824	
LINE 20 FEES, SUBSCRIPTIONS, PROM.	115	
LINE 21 CLERICAL & GENERAL OFFICE	1,820	
LINE 22 EMPLOYMENT BENEFITS & TAXES	16,224	
LINE 24 TRAVEL & SEMINARS	2,256	
LINE 25 OTHER STAFF TRANSPORTATION	3,680	
LINE 34 RENT- FACILITY & GROUNDS	3,203	

TO RECLASSIFY MANAGEMENT FEES FROM
PROFESSIONAL SERVICES TO PROPER ACCOUNTS.

4. LINE 41 GIFT & COFFEE SHOP	951	
LINE 2 FOOD PURCHASES		951

TO RECLASSIFY COFFEE SHOP EXPENSES

5. LINE 40 BARBER & BEAUTY SHOP	4,133	
LINE 22 EMPLOYMENT BENEFITS & TAXES		4,133

TO RECLASSIFY COST RELATED TO OPERATION OF
BEAUTY SHOP.

6. LINE 39 ANCILLARY SERVICE CENTER	151,142	
LINE 10 NURSING & RECORD KEEPING		151,142

TO RECLASSIFY PRIVE PAY DRUGS TO SECTION D

RECAP ABOVE ENTRIES

LINE 1 DIETARY	1,194	
LINE 2 FOOD PURCHASES		362
LINE 6 MAINTENANCE	256	
LINE 10 NURSING & RECORD KEEPING		150,733
LINE 11 ACTIVITIES	17,483	
LINE 17 ADMINISTRATIVE		52,302
LINE 19 PROFESSIONAL SERVICES	7,824	
LINE 20 FEES, SUBSCRIPTIONS, PROM.	115	
LINE 21 CLERICAL & GENERAL OFFICE	2,402	
LINE 22 EMPLOYMENT BENEFITS & TAXES	12,091	
LINE 24 TRAVEL & SEMINARS	2,256	
LINE 25 OTHER STAFF TRANSPORTATION	3,680	
LINE 34 RENT- FACILITY & GROUNDS	3,203	
LINE 35 RENT - EQUIPMENT		3,333
LINE 39 ANCILLARY SERVICE CENTER	151,142	
LINE 40 BARBER & BEAUTY SHOP	4,133	
LINE 41 GIFT & COFFEE SHOP	951	

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/00 - 06/30/01

FACILITY NUMBER NAME

0039289 PINE ACRES CARE CENTER

SCHEDULE XVII - LINE 41

	(1) BENSENVILLE HOME <u>SOCIETY</u>	(2) <u>FACILITY</u>	BHS RELATED <u>(1) - (2)</u>
<u>PINE ACRES CARE CENTER</u>			
REVENUES	39,727,159	3940597	35,786,562
EXPENSES	44,489,486	4468058	40,021,428
NET INCOME (LOSS) FROM OPER	<u>(4,762,327)</u>	<u>(527,461)</u>	<u>(4,234,866)</u>

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/00 - 06/30/01

FACILITY NUMBER NAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0005066	PEOTONE SENIOR LIVING CENTER
0039289	PINE ACRES CARE CENTER

SCHEDULE XV BALANCE SHEET

LINE 23 - OTHER

BENEFICIAL INTEREST IN PERPETUAL TRUST	4,428,381
STUDENT LOANS RECEIVABLE	60,815
CASH RESTRICTED FOR STUDENT LOANS	84,466
CONSTRUCTION IN PROGRESS	79,332
DEFERRED COSTS AND OTHER INTANGIBLES, NET	1,282,994
OTHER ASSETS, NET	353,110
DUE FROM AFFILIATED CORPORATIONS	2,435
	<u>6,291,533</u>

BENSENVILLE HOME SOCIETY
INDIRECT COSTS (UNALLOCATED)
SCHEDULE VIII-B
6/30/2001

RECAP

LINE #	DESCRIPTION	0014258	0033803	0005066	0039289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE BEECHER	EOTONE SENIOR LIVING CENTER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	-	-	-	-
17	ADMINISTRATIVE	284,237	112,450	14,453	96,182
19	PROFESSIONAL SERVICES	46,357	18,340	2,357	15,696
20	FEES, SUBSCRIPTIONS, PI	2,369	937	120	802
21	GENERAL OFFICE EXPENSES	22,751	9,001	1,157	7,699
22	EMPLOYMENT BENEFITS & RETIREMENT	71,025	28,099	3,611	24,034
24	TRAVEL AND SEMINARS	5,229	2,069	266	1,770
25	OTHER STAFF TRANSPORTATION	5,297	2,096	269	1,792
26	INSURANCE	-	-	-	-
34	RENT-FACILITIES & GROUP RENTALS	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-
TOTAL		437,265	172,991	22,234	147,965
ALLOCATION		21.07%	8.34%	1.07%	7.13%

LINE #	DESCRIPTION	AMINISTRATION (010)			BOARD & CORPORATE (020)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	419	419	-	-	-	-
17	ADMINISTRATIVE	654,168	240,153	414,015	-	-	-
19	PROFESSIONAL SERVICES	126,618	110,472	16,146	3,431	-	3,431
20	FEES, SUBSCRIPTIONS, PI	2,571	-	2,571	250	250	-
21	GENERAL OFFICE EXPENSES	21,317	2,571	18,746	136	-	136
22	EMPLOYMENT BENEFITS & RETIREMENT	119,387	43,828	75,559	18402	-	18,402
24	TRAVEL AND SEMINARS	39,834	23,365	16,469	-	-	-
25	OTHER STAFF TRANSPORTATION	20,679	-	20,679	75	-	75
26	INSURANCE	-	-	-	1,220	1,220	-
34	RENT-FACILITIES & GROUP RENTALS	41,676	41,676	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		1,026,669	462,484	564,185	23,514	1,470	22,044

LINE #	DESCRIPTION	BUSINESS OFFICE (030)			SUPPORT SERVICES (080)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	419	419	-	-	-	-
17	ADMINISTRATIVE	611,617	19,854	591,763	121,898	11,898	110,000
19	PROFESSIONAL SERVICES	512,679	369755	142,924	(6,165)	-	(6,165)
20	FEES, SUBSCRIPTIONS, PI	5,792	-	5,792	1,147	-	1,147
21	GENERAL OFFICE EXPENSES	60,375	-	60,375	3,575	-	3,575
22	EMPLOYMENT BENEFITS & RETIREMENT	165,370	-	165,370	19,841	1,937	17,904
24	TRAVEL AND SEMINARS	7,951	-	7,951	10,695	10,695	-
25	OTHER STAFF TRANSPORTATION	3,101	-	3,101	260	-	260
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUP RENTALS	76,920	76,920	-	12,888	12,888	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		1,444,224	466,948	977,276	164,139	37,418	126,721

LINE #	DESCRIPTION	MATERIALS HANDLING (110)			HUMAN RESOURCES (120)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	-	-	-	54	54	-
17	ADMINISTRATIVE	65,925	-	65,925	107,267	-	107,267
19	PROFESSIONAL SERVICES	3,634	-	3,634	60,032	-	60,032
20	FEES, SUBSCRIPTIONS, PI	378	-	378	110	-	110
21	GENERAL OFFICE EXPENSES	2,482	-	2,482	17,619	-	17,619
22	EMPLOYMENT BENEFITS & RETIREMENT	21,348	-	21,348	26,607	-	26,607
24	TRAVEL AND SEMINARS	398	-	398	-	-	-
25	OTHER STAFF TRANSPORTATION	-	-	-	72	-	72
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUP RENTALS	2,172	2,172	-	25,644	25,644	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		96,337	2,172	94,165	237,405	25,698	211,707

LINE #	DESCRIPTION	TRAINING (130)			GRAND TOTAL		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	-	3,845	-	4,737	4,737	-
17	ADMINISTRATIVE	59,977	-	59,977	1,620,852	271,905	1,348,947
19	PROFESSIONAL SERVICES	-	-	-	700,229	480,227	220,002
20	FEES, SUBSCRIPTIONS, PI	1,246	-	1,246	11,494	250	11,244
21	GENERAL OFFICE EXPENSES	5,040	-	5,040	110,544	2,571	107,973
22	EMPLOYMENT BENEFITS & RETIREMENT	11,884	-	11,884	382,839	45,765	337,074
24	TRAVEL AND SEMINARS	-	-	-	58,878	34,060	24,818
25	OTHER STAFF TRANSPORTATION	952	-	952	25,139	-	25,139
26	INSURANCE	-	-	-	1,220	1,220	-
34	RENT-FACILITIES & GROUP RENTALS	4,789	4,789	-	164,089	164,089	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		87,733	8,634	79,099	3,080,021	1,004,824	2,075,197

BENSENVILLE HOME SOCIETY
SCHEDULE V-C
8/30/2001

BENCHMARK OF BENSENVILLE

NAME	POSITION	GROSS SALARY	FIXED SALARY	TOTAL SALARY	ALLOCATION MAXIMUM EXCESS				
					TO FACILITY/LIABLE	OVER	ADJUSTED		
CARL ZIMMERMAN	PRESIDENT	261,014	8,000	269,014	21.07%	98,884	23,178	33,906	23,178
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	189,712	8,000	197,712	21.07%	37,024	23,178	13,848	23,178
JOAN D'LEONARDI	EXEC. VP OPERATIONS	138,427	7,200	145,627	21.07%	30,880	23,178	7,718	23,178
JAMES FORMAL	VP HEALTH CARE	126,819	7,800	133,619	27.06%	37,140	36,880	6,860	36,880
THOMAS NOESEN	VP FINANCE / TREASURER	126,854	3,000	133,454	21.07%	26,120	23,178	4,942	23,178
ALLEN GABRIYS	CONTROLLER	71,419	-	71,419	1.07%	-	-	-	15,360
KATHY LYNN COE	VP CORPORATE SERVICES	26,180	-	26,180	21.07%	5,516	23,178	-	5,516
KENNYTTA HAYCOX	VP SUPPORT SERVICES	124,075	-	124,075	21.07%	26,147	23,178	2,969	23,178
PAMELA JONES	DIRECTOR / VOLUNTEER S	38,419	-	38,419	30.05%	11,320	33,000	-	11,320
DONALD FRIMMEL	DIRECTOR / BUDGETING	74,600	-	74,600	21.07%	15,719	23,178	-	15,719
JANET HESON	DIRECTOR / PASTORAL CA	41,308	-	41,308	47.05%	19,500	51,790	-	19,500
KATHLEEN SCHIPS	DIRECTOR / HUMAN RESO	50,487	-	50,487	21.07%	10,635	23,178	-	10,635
MELROY LEMMETZ	DIRECTOR / TRAINING	55,304	-	55,304	21.07%	11,780	23,178	-	11,780
ROBIN MCBRID	INTERGENERATIONAL COO	41,290	-	41,290	5.05%	2,003	5,000	-	2,003
TOTAL ALLOCATION									

TOTAL ALLOCATION

235,398

APPROPRIATE ALLOCATION

ANCHORAGE OF BENSENVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

13,121,85492.274.501+

21.07%

BENSENVILLE HOME SOCIETY

SCHEDULE V-C

8/30/2001

BENCHMARK OF BENSENVILLE

	POSITION	GROSS SALARY	FIXED SALARY	TOTAL SALARY	ALLOCATION MAXIMUM EXCESS				
					TO FACILITY/LIABLE	OVER	ADJUSTED		
CARL ZIMMERMAN	PRESIDENT	261,014	8,000	269,014	8.34%	23,428	9,170	13,258	9,170
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	189,712	8,000	197,712	8.34%	14,848	9,170	5,478	9,170
JOAN D'LEONARDI	EXEC. VP OPERATIONS	138,427	7,200	145,627	8.34%	12,523	9,170	3,353	9,170
JAMES FORMAL	VP HEALTH CARE	126,819	7,800	133,619	23.30%	31,000	25,820	5,480	25,820
THOMAS NOESEN	VP FINANCE / TREASURER	126,854	3,000	133,454	8.34%	11,125	9,170	1,955	9,170
ALLEN GABRIYS	CONTROLLER	71,419	-	71,419	8.34%	5,984	9,170	-	5,984
KATHY LYNN COE	VP CORPORATE SERVICES	26,180	-	26,180	8.34%	2,182	9,170	-	2,182
KENNYTTA HAYCOX	VP SUPPORT SERVICES	124,075	-	124,075	8.34%	10,343	9,170	1,173	9,170
PAMELA JONES	DIRECTOR / VOLUNTEER S	38,419	-	38,419	20.00%	7,584	22,000	-	7,584
DONALD FRIMMEL	DIRECTOR / BUDGETING	74,600	-	74,600	8.34%	6,219	10,170	-	6,219
JANET HESON	DIRECTOR / PASTORAL CA	41,308	-	41,308	10.00%	4,151	11,000	-	4,151
KATHLEEN SCHIPS	DIRECTOR / HUMAN RESO	50,487	-	50,487	8.34%	4,230	9,170	-	4,230
MELROY LEMMETZ	DIRECTOR / TRAINING	55,304	-	55,304	8.34%	4,680	9,170	-	4,680
ROBIN MCBRID	INTERGENERATIONAL COO	41,290	-	41,290	4.00%	1,650	4,400	-	1,650
TOTAL ALLOCATION									

TOTAL ALLOCATION

18,977

APPROPRIATE ALLOCATION

ANCHORAGE OF BENSENVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

5,181,38762.274.501+

8.34%

BENSENVILLE HOME SOCIETY

SCHEDULE V-C

8/30/2001

THE CARES CARE CENTER

NAME	POSITION	GROSS SALARY	FIXED SALARY	TOTAL SALARY	ALLOCATION MAXIMUM EXCESS				
					TO FACILITY/LIABLE	OVER	ADJUSTED		
CARL ZIMMERMAN	PRESIDENT	261,014	8,000	269,014	7.13%	19,181	7,843	11,338	7,843
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	189,712	8,000	197,712	7.13%	12,250	7,843	4,407	7,843
JOAN D'LEONARDI	EXEC. VP OPERATIONS	138,427	7,200	145,627	7.13%	10,455	7,843	2,612	7,843
JAMES FORMAL	VP HEALTH CARE	126,819	7,800	133,619	9.26%	12,427	10,220	2,197	10,220
THOMAS NOESEN	VP FINANCE / TREASURER	126,854	3,000	133,454	7.13%	9,515	7,843	1,672	7,843
ALLEN GABRIYS	CONTROLLER	71,419	-	71,419	7.13%	5,002	7,843	-	5,002
KATHY LYNN COE	VP CORPORATE SERVICES	26,180	-	26,180	7.13%	1,887	7,843	-	1,887
KENNYTTA HAYCOX	VP SUPPORT SERVICES	124,075	-	124,075	7.13%	8,847	7,843	1,004	7,843
PAMELA JONES	DIRECTOR / VOLUNTEER S	38,419	-	38,419	19.00%	7,300	20,900	-	7,300
DONALD FRIMMEL	DIRECTOR / BUDGETING	74,600	-	74,600	7.13%	5,319	7,843	-	5,319
JANET HESON	DIRECTOR / PASTORAL CA	41,308	-	41,308	10.00%	4,151	11,000	-	4,151
KATHLEEN SCHIPS	DIRECTOR / HUMAN RESO	50,487	-	50,487	7.13%	3,800	7,843	-	3,800
MELROY LEMMETZ	DIRECTOR / TRAINING	55,304	-	55,304	7.13%	3,886	7,843	-	3,886
ROBIN MCBRID	INTERGENERATIONAL COO	41,290	-	41,290	2.00%	825	2,800	-	825
TOTAL ALLOCATION:									58,886

TOTAL ALLOCATION

107,158

APPROPRIATE ALLOCATION

ANCHORAGE OF BENSENVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

4,440,38762.274.501+

7.13%

BENSENVILLE HOME SOCIETY

SCHEDULE V-C

8/30/2001

THE CARES PROGRAM CENTER

NAME	POSITION	GROSS SALARY	FIXED SALARY	TOTAL SALARY	ALLOCATION MAXIMUM EXCESS		
					TO FACILITY/LIABLE	OVER	ADJUSTED
				PERCENTAGE	AMOUNT	AMOUNT	
CARL ZIMMERMAN	PRESIDENT	261,014	8,000	269,014	1.07%	2,882	1,179
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	189,712	8,000	197,712	1.07%	1,883	704
JOAN D'LEONARDI	EXEC. VP OPERATIONS	138,427	7,200	145,627	1.07%	1,571	392
JAMES FORMAL	VP HEALTH CARE	126,819	7,800	133,619	9.26%	12,427	2,197
THOMAS NOESEN	VP FINANCE / TREASURER	126,854	3,000	133,454	1.07%	1,430	251
ALLEN GABRIYS	CONTROLLER	71,419	-	71,419	1.07%	765	-
KATHY LYNN COE	VP CORPORATE SERVICES	26,180	-	26,180	1.07%	280	-
KENNYTTA HAYCOX	VP SUPPORT SERVICES	124,075	-	124,075	1.07%	1,339	151
PAMELA JONES	DIRECTOR / VOLUNTEER S	38,419	-	38,419	8.00%	3,074	-
DONALD FRIMMEL	DIRECTOR - BUDGETING	74,600	-	74,600	1.07%	799	-
JANET HESON	DIRECTOR - PASTORAL CA	41,308	-	41,308	2.00%	830	-
JANET HESON	DIRECTOR - PASTORAL CA	41,308	-	41,308	1.07%	441	-
KATHLEEN SCHIPS	DIRECTOR - HUMAN RESO	50,487	-	50,487	1.07%	559	-
MELROY LEMMETZ	DIRECTOR - TRAINING	55,304	-	55,304	1.07%	599	-
ROBIN MCBRID	INTERGENERATIONAL COO	41,290	-	41,290	2.00%	825	-

TOTAL ALLOCATION

23,316

APPROPRIATE ALLOCATION

ANCHORAGE OF BENSENVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

67,22562.274.501+

1.07%

BENSENVILLE HOME SOCIETY

SCHEDULE V-C

8/30/2000

Summary

NAME	POSITION	TOTAL		TOTAL	
		EXCLUDED	ADJUSTED	EXCLUDED	ADJUSTED
CARL ZIMMERMAN	PRESIDENT	-	58,803	-	41,370
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	-	24,713	-	41,370
JOAN D'LEONARDI	EXEC. VP OPERATIONS	-	13,775	-	41,370
JAMES FORMAL	VP HEALTH CARE	-	27,818	-	102,880
THOMAS NOESEN	VP FINANCE / TREASURER	-	8,821	-	41,370
ALLEN GABRIYS	CONTROLLER	-	-	-	36,880
KATHY LYNN COE	VP CORPORATE SERVICES	-	5,280	-	9,846
KENNYTTA HAYCOX	VP SUPPORT SERVICES	-	-	-	41,370
PAMELA JONES	DIRECTOR / VOLUNTEER SERV.	-	-	-	29,583
DONALD FRIMMEL	DIRECTOR / BUDGETING	-	-	-	26,586
JANET HESON	DIRECTOR / PASTORAL CARE	-	-	-	26,841
KATHLEEN SCHIPS	DIRECTOR / HUMAN RESOURCES	-	-	-	19,387
MELROY LEMMETZ	DIRECTOR / TRAINING	-	-	-	21,507
ROBIN MCBRID	INTERGENERATIONAL COORD.	-	-	-	5,363
TOTAL		-	154,324	-	477,397

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/00 - 06/30/01

X INTEREST EXPENSE

FACILITY NUMBE NAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0005066	PEOTONE SENIOR LIVING CENTER
0039289	PINE ACRES CARE CENTER

THE BENSENVILLE HOME SOCIETY (BHS) IN CONJUNCTION WITH ITS AFFILIATED CORPORATIONS, LIFELINK AND BRIDGEWAY OF BENSENVILLE, HAVE ISSUED 1989A, 1995A, AND 1998 BONDS THRU THE ILLINOIS HEALTH FACILITY AUTHORITY ON VARIOUS DATES. SEE COPY OF OFFICIAL STATEMENTS ATTACHED. THE 1989B AND 1995B BONDS WERE RETIRED WITH THE ISSUANCE OF THE 1998 BONDS.

INTEREST PAID AND ACCRUED

1989A SERIES	149,591
1995A SERIES	384,734
1998 SERIES	975,638

LETTER OF CREDIT AND OTHER FEES

1989A SERIES	60,704
1995A SERIES	140,097

TOTAL	<u>1,710,764</u>
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INTEREST HAS BEEN ALLOCATED BASED ON THE USE OF THE BOND PROCEEDS.

ANCHORAGE OF BENSENVILLE	34.2% OF 1989 BONDS	71,876
	14.2% OF 1995 BONDS	74,252
	8.5% OF 1998 BONDS	<u>83,022</u>
	TOTAL	<u>229,150</u>

ANCHORAGE OF BEECHER	44.5% OF 1989 BONDS	93,523
	11.1% OF 1998 BONDS	<u>108,026</u>
	TOTAL	<u>201,549</u>

PEOTONE SENIOR LIVING CENTE	5.5% OF 1989 BONDS	11,559
	1.4% OF 1998 BONDS	<u>13,352</u>
	TOTAL	<u>24,911</u>

PINE ACRES CARE CENTER	32.8% OF 1995 BONDS	171,997
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OTHER*	1,083,157
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TOTAL	<u>1,710,764</u>
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* CORPORATE AND PARENT CORPORATE OFFICES AND NON-CARE RELATED.

LIFELINK CORPORATION
BENSENVILLE HOME SOCIETY

SCHEDULE VII-A

ANCHORAGE OF BENSENVILLE	#	0014258
ANCHORAGE OF BEECHER	#	0033803
PINE ACRES CARE CENTER	#	0039289
PEOTONE SENIOR LIVING CENTER	#	0005066

ATTACHED ARE LISTS OF THE BOARD OF DIRECTORS FOR LIFELINK CORPORATION
AND BENSENVILLE HOME SOCIETY.

NONE OF THESE DIRECTORS PROVIDE ANY SERVICES TO EITHER CORPORATION
NOR DO THEY HAVE ANY OWNERSHIP IN ANY ENTITY THAT DOES BUSINESS WITH
EITHER CORPORATION.

BENSENVILLE HOME SOCIETY
SCHEDULE VII-B
6/30/2001

BECAP

LINE #	DESCRIPTION	0014258	0033803	0005066	0039289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PEOTONE SENIOR LIVING CENTER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	552	443	178	589
11	ACTIVITIES	54,235	17,342	5,235	16,591
17	ADMINISTRATIVE	46,507	38,812	15,558	54,370
19	PROFESSIONAL SERVICES	13,244	8,225	3,234	7,824
20	FEES, SUBSCRIPTIONS, PI	381	128	41	115
21	GENERAL OFFICE EXPENSE	2,671	1,609	620	1,820
22	EMPLOYMENT BENEFITS &	23,090	13,253	4,995	16,224
24	TRAVEL AND SEMINARS	2,084	1,683	674	2,256
25	OTHER STAFF TRANSPORT	6,663	2,981	1,028	3,680
35	RENT-FACILITIES & GROU	5,057	3,371	1,348	3,203
35	RENTAL EQUIPMENT	-	-	-	-
TOTAL		154,483	87,847	32,910	106,672

VICE PRESIDENT OF HEALTH CARE (020-060)

LINE #	DESCRIPTION	ANCHORAGE OF		ANCHORAGE		PEOTONE SENIOR		PINE ACRES	
		TOTAL	DIS-ALLOWED	ALLOWED	BENSENVILLE	OF BEECHER	LIVING CENTER	CARE CENTER	
2	FOOD PURCHASES	1,612	-	1,612	448	374	150	523.90	
11	ACTIVITIES	-	-	-	-	-	-	-	
17	ADMINISTRATIVE	193,111	25,819	167,292	46,507	38,812	15,558	54,369.90	
19	PROFESSIONAL SERVICES	14,351	14,351	-	-	-	-	-	
20	FEES, SUBSCRIPTIONS, PI	34,275	34,275	-	-	-	-	-	
21	GENERAL OFFICE EXPENSE	2,925	-	2,925	813	679	272	960.63	
22	EMPLOYMENT BENEFITS &	41,733	5,580	36,153	10,051	8,387	3,362	11,749.73	
24	TRAVEL AND SEMINARS	6,285	-	6,285	1,747	1,458	585	2,042.63	
25	OTHER STAFF TRANSPORT	7,971	-	7,971	2,216	1,849	741	2,590.58	
34	RENT-FACILITIES & GROU	12,468	12,468	-	-	-	-	-	
35	RENTAL EQUIPMENT	-	-	-	-	-	-	-	
TOTAL		314,731	92,493	222,238	61,782	51,569	20,668	72,227	
ALLOCATION %					27.8%	23.2%	9.3%	32.5%	

PASTORAL CARE(020-150)

LINE #	DESCRIPTION	ANCHORAGE OF		ANCHORAGE		PEOTONE SENIOR		PINE ACRES	
		TOTAL	DIS-ALLOWED	ALLOWED	BENSENVILLE	OF BEECHER	LIVING CENTER	CARE CENTER	
2	FOOD PURCHASES	529	529	-	-	-	-	-	
11	ACTIVITIES	88,763	-	88,763	41,719	8,876	1,775	8,876	
17	ADMINISTRATIVE	-	-	-	-	-	-	-	
19	PROFESSIONAL SERVICES	2,841	-	2,841	1,335	284	57	284	
20	FEES, SUBSCRIPTIONS, PI	608	-	608	286	61	12	61	
21	GENERAL OFFICE EXPENSE	1,483	-	1,483	697	148	30	148	
22	EMPLOYMENT BENEFITS &	18,356	-	18,356	8,627	1,836	367	1,836	
24	TRAVEL AND SEMINARS	1,387	1,387	-	-	-	-	-	
25	OTHER STAFF TRANSPORT	8,640	-	8,640	4,061	864	173	864	
34	RENT-FACILITIES & GROU	9,696	9,696	-	-	-	-	-	
35	RENTAL EQUIPMENT	129	129	-	-	-	-	-	
TOTAL		132,432	11,741	120,691	56,725	12,069	2,414	12,069	
ALLOCATION %					47%	10%	2%	10%	

VOLUNTEER COORDINATOR(100-200)

LINE #	DESCRIPTION	ANCHORAGE OF		ANCHORAGE		PEOTONE SENIOR		PINE ACRES	
		TOTAL	DIS-ALLOWED	ALLOWED	BENSENVILLE	OF BEECHER	LIVING CENTER	CARE CENTER	
2	FOOD PURCHASES	345	-	345	104	69	28	66	
11	ACTIVITIES	38,682	-	38,682	11,605	7,736	3,095	7,350	
17	ADMINISTRATIVE	-	-	-	-	-	-	-	
19	PROFESSIONAL SERVICES	39,661	-	39,661	11,898	7,932	3,173	7,536	
20	FEES, SUBSCRIPTIONS, PI	232	-	232	70	46	19	44	
21	GENERAL OFFICE EXPENSE	3,665	-	3,665	1,100	733	293	696	
22	EMPLOYMENT BENEFITS &	12,487	-	12,487	5,746	2,497	969	2,373	
24	TRAVEL AND SEMINARS	1,124	-	1,124	337	225	90	214	
25	OTHER STAFF TRANSPORT	1,015	-	1,015	305	203	81	193	
34	RENT-FACILITIES & GROU	23,768	6,912	16,856	5,057	3,371	1,348	3,203	
35	RENTAL EQUIPMENT	-	-	-	-	-	-	-	
TOTAL		120,979	6,912	114,067	34,220	22,813	9,125	21,673	
ALLOCATION %					30%	20%	8%	19%	

INTERGENERATIONAL(100-240)

LINE #	DESCRIPTION	ANCHORAGE OF		ANCHORAGE		PEOTONE SENIOR		PINE ACRES	
		TOTAL	DIS-ALLOWED	ALLOWED	BENSENVILLE	OF BEECHER	LIVING CENTER	CARE CENTER	
2	FOOD PURCHASES	87	87	-	-	-	-	-	
11	ACTIVITIES	18,235	-	18,235	912	729	365	365	
17	ADMINISTRATIVE	-	-	-	-	-	-	-	
19	PROFESSIONAL SERVICES	205	-	205	10	8	4	4	
20	FEES, SUBSCRIPTIONS, PI	511	-	511	26	20	10	10	
21	GENERAL OFFICE EXPENSE	1,233	-	1,233	62	49	25	25	
22	EMPLOYMENT BENEFITS &	13,316	-	13,316	666	533	266	266	
24	TRAVEL AND SEMINARS	1,496	1,496	-	-	-	-	-	
25	OTHER STAFF TRANSPORT	1,628	-	1,628	81	65	33	33	
34	RENT-FACILITIES & GROU	4,644	4,644	-	-	-	-	-	
35	RENTAL EQUIPMENT	-	-	-	-	-	-	-	
TOTAL		41,355	6,227	35,128	1,756	1,405	703	703	
ALLOCATION %					5%	4%	2%	2%	

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/00 - 06/30/01

FACILITY NUMBER	NAME
0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0005066	PEOTONE SENIOR LIVING CENTER
0039289	PINE ACRES CARE CENTER

SCHEDULE VII RELATED PARTIES - PART A3

<u>NAME</u>	<u>CITY</u>	<u>TYPE OF BUSINESS</u>
HOYLETON YOUTH AND FAMILY SERVICES	HOYLETON	SOCIAL SERVICES
HOYLETON CHILDREN'S HOME FOUNDATION	HOYLETON	FUND RAISING